

Appendix 3:

Project Application Documentation

Project Application and Development documentation was forwarded to the Federal Emergency Management Agency (FEMA) as part of the Standard and Enhanced State Plan which was submitted for approval in 2006. The following material was forwarded to FEMA:

Online Material:

- Award Letter Form
- Grantee-Subgrantee Agreement
- Quarterly Report Form
- Request for Reimbursement Form

- Application Checklist
- Owner HazMat Survey
- Owner Interest Questionnaire
- Property Information Worksheets (3)
- VA-HMGP-FMA Application Form
- Voluntary Participation Agreement

- Ranking System

Material that is not available online:

- DR Project Review Status Spreadsheets (Samples from 5 disasters)
- FMA Obligated and Expended Funds by Year
- Closeout Spreadsheet
- Quarterly Progress Reports (5 page sample)

- Applicant Signature Package-VA
- E-Grant Application Forms (3)

For more information, please contact the Commonwealth of Virginia's State Hazard Mitigation Program Manager at (804) 897-6500 Ext. 6563.



COMMONWEALTH of VIRGINIA

Department of Emergency Management

MICHAEL M. CLINE
State Coordinator

JANET L. CLEMENTS
Deputy Coordinator

JAMES W. KECK
Deputy Coordinator for Administration

10501 Trade Court
Richmond, Virginia 23236-3713
(804) 897-6500
(TDD) 674-2417
FAX (804) 897-6506

DATE

Name, Title

Agency

Address 1

Address 2

City, Virginia ZIP

RE: *Project Name*

HMGP Project Number VA #####-###-###

Dear *Mr./Ms. Name*:

I am pleased to notify you that the Federal Emergency Management Agency has approved the project and obligated funds for the project listed below through the Hazard Mitigation Grant Program (HMGP).

Project Name:
FEMA and State Funds Obligated:
Catalog of Federal Domestic Assistance (CFDA) #97.039

\$	Federal Project Funds
\$	State Project Funds
\$	Local Match
\$	Total Funds Obligated for this Project
\$	Estimated Project Cost (Original Proposed Project Cost)
\$	Subgrantee Administrative Funds (Additional "overhead" federal funds)

"Working to Protect People, Property and Our Communities"

Mr./Ms. Name

Page Two – Project Number

DATE

The funds indicated are the maximum possible funds to be distributed to the Subgrantee. Reimbursement of federal and state project funds to the Subgrantee is based on total eligible project costs. All other costs are the responsibility of the Subgrantee.

In accordance with the requirements of the Hazard Mitigation Grant Program, the following conditions apply:

- All contract/procurement transactions must be carried out in a manner consistent with financial administrative requirements of Title 44, Code of Federal Regulations (CFR), Part 13.
- All requirements outlined in the attached environmental concurrence letters from State agencies must be followed. Please note that you **must** satisfy all requirements identified in the enclosed Categorical Exclusion (CATEX) document. *It is FEMA's finding that this undertaking could have an adverse effect upon properties that are listed as contributing resources to the an eligible National Register Historic District. The State Historic Preservation Officer (SHPO) is willing to concur with a no adverse affect finding so long as elevations are done consistent with the **Secretary of Interior's Standards for Treatment of Historic Properties**. These treatments are in view of maintaining the structures historic character defining features. Therefore, prior to the elevation specification plans being finalized for these properties, a draft must be forwarded to FEMA for review, comment and approval. Please refer to the attached CATEX for the elevation stipulations.*

Failure to comply with this requirement will result in the immediate de-obligation of the total funding for this project.

- The Subgrantee agrees to provide the State with a work schedule including the milestones in the HMGP application for the approved project within 30 days of receipt of this letter.
- The performance period extends for ### months, according to the project's original work schedule.
- The completion date for this project is DATE. If the time frame is inadequate, a written request for an extension may be submitted to the Hazard Mitigation Program Manager as soon as possible as referenced in the enclosed *Notification to Subgrantee*.

Award documents enclosed with this letter include the following:

- Grantee-Subgrantee Agreement (GSA) (Three Copies): An authorized agent of the Subgrantee **must** sign each agreement before your project can start. Please return two of the signed agreements to the Mitigation Project Coordinator and keep one fully executed agreement for your records. ***Until the agreement is signed and two copies returned to VDEM no funds will be reimbursed.***

Mr./Ms. Name

Page Three – Project Number

DATE

- Notification to Subgrantees: The notification provides guidance regarding HMGP regulations on time extensions, inspections, audits, reporting procedures, the appeal process, cost overruns, and the annual schedule for progress reports submission.
- Subgrantee Quarterly Report Form: Subgrantees are required to submit progress reports to VDEM on a quarterly basis until project closeout. The first quarterly report for the quarter ending DATE will be due to VDEM DATE.
- Request for Reimbursement of Funds Form: Use this form when making reimbursement requests. Payments are made to the subgrantee as reimbursements for costs to date or expenditures to be incurred within five (5) days of receipt of funds. Payment will be made by electronic transfer from the Virginia Department of Emergency Management to the Subgrantee.
- Federal Categorical Exclusion Document
- Federal Project Implementation Requirements
- Code 44 of Federal Regulations Parts 201 and 206 (Subpart N).

Please read all documents carefully prior to initiating your project. Once again, your project cannot begin until an authorized agent has signed the Grantee-Subgrantee Agreement. No reimbursements will be made until the Agreement is signed and received by the Department of Emergency Management. Please sign each of the three copies of the Grantee-Subgrantee Agreement and return two to the attention of NAME, Mitigation Project Coordinator.

Again, congratulations on approval of this project. If you have questions regarding this award or the implementation of your project, please contact Deborah Mills, Mitigation Program Manager, or NAME, Mitigation Project Specialist, at (804) 897-6500, Extension 6563 and #### or by email at deborah.mills@vdem.virginia.gov and name.name@vdem.virginia.gov, respectively. The Mitigation staff will be glad to assist you in any way possible in complying with the requirements of this program.

Sincerely,

Michael M. Cline

MMC/DGM/mbp

Enclosures



COMMONWEALTH of VIRGINIA

Department of Emergency Management

MICHAEL M. CLINE
State Coordinator

JANET L. CLEMENTS
Deputy Coordinator

10501 Trade Court
Richmond, Virginia 23236-3713
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Hazard Mitigation Grant Program

Grantee-Subgrantee Agreement

Project Number

This agreement between the Commonwealth of Virginia, Department of Emergency Management (the State/Grantee) and *NAME* (the Subgrantee) shall be effective on the date signed by the State/Grantee and Subgrantee. It shall apply to all *PROGRAM NAME* funds provided by or through the State/Grantee to the Subgrantee.

The designated representative of the Subgrantee certifies that:

1. He/She has legal authority to apply for the *PROGRAM NAME* on behalf of the Subgrantee and to sign the attached certification.
2. The Subgrantee shall provide all necessary financial and managerial resources to meet the terms and conditions of receiving federal and state mitigation grant funding.
3. The Subgrantee shall use pre-disaster mitigation grant funds solely for the purposes for which these funds are provided and as approved by the Governor's Authorized Representative. General policies for determining allowable costs are established in 44 Code of Federal Regulations (CFR), Part 13.22 and the appropriate OMB circulars that identify cost principles for different kinds of organizations.
4. The Subgrantee is aware of and shall comply with cost-sharing requirements of federal and state mitigation grant assistance; specifically that federal assistance is limited to 75% of eligible expenditures. The non-federal funds can be from any other non-federal funding source and can be completely fulfilled by in-kind services as long as the financial records document them as such.
5. The Subgrantee is aware that the *PROGRAM NAME* is a reimbursement program. Reimbursements are for "costs to date" or expenditures to be incurred within five (5) days of receipt of funds. All reimbursement requests shall be submitted with the Virginia Department of Emergency Management "Request for Reimbursement of Funds" form included with the project award letter.
6. The Subgrantee shall establish and maintain a proper accounting system to record expenditures of pre-disaster mitigation grant funds in accordance with federally accepted accounting standards or as directed by the Governor's Authorized Representative.

7. The Subgrantee shall comply with all applicable provisions of federal and state laws and regulations in regard to procurement of goods and services and to contracts for mitigation measures.
8. The Subgrantee shall comply with all federal and state statutes and regulations relating to non-discrimination.
9. The Subgrantee shall comply with provisions of the Hatch Act limiting the political activities of public employees.
10. The Subgrantee shall comply, as applicable, with the provisions of the Davis-Bacon Act relating to labor standards.
11. The Subgrantee shall not enter into any contracts for which payment is contingent upon receipt of state or federal funds.
12. The Subgrantee shall not enter into any contracts with any party that is not participating or is suspended from participating in the National Flood Insurance Program.
13. The Subgrantee shall retain documentation supporting each claim for a period of not less than three years from the date of the final closeout notification from the State/Grantee of each project, and the Subgrantee shall give state and federal agencies designated by the Governor's Authorized Representative access to and the right to examine all records and documents related to the use of mitigation grant funds.
14. The Subgrantee shall comply with all uniform administrative requirements which are set forth in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, and as implemented by 44 CFR Parts 13 and 206.
15. The Subgrantee shall comply with audit requirements of OMB Circular A-133.
16. The Subgrantee shall return to the State, within sixty (60) days of such request by the Governor's Authorized Representative, any funds that are not supported by audit or other federal or state review of documentation maintained by the Subgrantee.
17. The Subgrantee shall comply with all applicable codes and standards in completion of eligible structural and non-structural mitigation measures.
18. The Subgrantee shall begin and complete all items of work within the time limits established by the work schedule with the PROGRAM NAME application or any subsequently revised project work schedule submitted to the State/Grantee by the Subgrantee.
19. The Grantee reserves the right to inspect all projects for compliance and require the Subgrantee to correct any deficiencies before project closeout.
20. The Subgrantee shall be responsible for maintaining the project after the initial implementation.
21. The Subgrantee shall submit quarterly progress reports to the Grantee until the date of final closeout notification. The first quarterly report is due to the Grantee at the end of the first complete quarter following the award of the grant.

PROGRAM NAME Grantee-Subgrantee Agreement

Project Number

Page 3

Signed for the Subgrantee:

Typed Name and Title

Subgrantee's Designated Agent

Date

Signed for the State/Grantee:

Michael M. Cline, State Coordinator

Typed Name and Title

Governor's Authorized Representative

Date

**VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT
HAZARD MITIGATION GRANT PROGRAM
SUBGRANTEE QUARTERLY REPORT FORM**

Quarterly Report Date: _____

HMGP State Number: _____

Project Location: _____

Project Title: _____

Start Date of Project: _____

Expiration Date: _____

FEMA Funds Awarded: _____

Point of Contact: _____

Email Address: _____

Telephone Number: _____

Fax Number: _____

ACQUISITIONS

Number of Appraisals Completed	Number of Title Works Completed	Number of Acquisitions Completed	Number of Demolitions Completed	Percentage of Project Complete

ELEVATIONS

Number of Surveys Completed	Number of Foundations Built	Number of Elevations Completed	Number of Certificate of Occupancy's	Percentage of Project Complete

FEMA Funds Spent: _____

State Funds Spent: _____

PROJECT STATUS:

On-Schedule Suspended Delayed Canceled Completed Anticipated Completion Date

☐☐☐☐☐

Please Summarize the Project Status:

(e.g., existing or potential problems, changes in scope of work, etc.)

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT

REQUEST FOR REIMBURSEMENT OF FUNDS
Hazard Mitigation Grant Program (HMGP)

TO: Department of Emergency Management Recovery & Mitigation Division Hazard Mitigation Grant Program c/o Mitigation Project Coordinator 10501 Trade Court Richmond, VA 23236 VDEM HMGP #:	FROM: _____ (subgrantee) _____ _____ _____ RE: _____ (project name)
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\$ _____ Total Eligible project costs during the Period of _____ through _____,
\$ _____ Total State/Federal Awarded (95% of the eligible project costs, in accordance with grant award, DATE)
\$ _____ Total Federal Administrative Costs Awarded (in accordance with the grant award, DATE)

☐ We are using in-kind match, therefore request payment in full. = \$

OR

☐ We are using cash match, therefore request:

\$ _____ 75% (federal) of the eligible costs. AND \$ _____ 20% (state) of the eligible costs.

AND

☐ Request reimbursement for administrative costs

(100% federal funds – no match required- taken from awarded subgrantee costs) = \$ _____

Type of Payment Requested: Partial ☐ Full ☐ Final ☐

If payment is partial, this request is payment # _____.

1. Funds shall be used solely for the work approved in the project application.
2. Funds advanced which are in excess of the approved expenditures, as accepted by final audit by the state, shall be refunded promptly to the state.
3. Accounting records will be kept which adequately identify the source and application of HMGP funds and be supported by such source documentation as canceled checks, paid bills, payrolls, time and attendance records, contract and subgrant awards, etc. Support documentation of all in-kind match dollars, such as labor force account labor, inspection logs or reports and use of existing inventory, shall also be included.
4. Progress reports shall be submitted to the State on a quarterly basis until project close-out. Reports will indicate the status and completion date for each project funded as per State requirements.

\$ _____ Amount Requested to Date (including this request)

\$ _____ Total Project Cost to Date

\$ _____ Total Budgeted Project Cost

I certify that to the best of my knowledge and belief, the data presented above are correct, that all outlays were made in accordance with the grant conditions and that payment is due and has not been previously requested. I further certify that I am the authorized subgrantee agent, designated by the above referenced subgrantee to enter into this agreement for, and on behalf of, said subgrantee.

Subgrantee's Agent:

Signature

Date

Print Name and Title



Virginia Department of Emergency Management Hazard Mitigation /Flood Mitigation Assistance Grant Programs Application

IMPORTANT NOTICE **HMGP/FMA Applications**

THE HMGP/FMA APPLICATION AND SUPPORTING DOCUMENTS MUST BE COMPLETED IN ITS ENTIRETY. ALL QUESTIONS MUST BE ANSWERED AND ALL REQUESTED SUPPORTING DOCUMENTS ARE ESSENTIAL FOR SUBMITTING A SUCCESSFUL APPLICATION:

Applicant Information

- ☐ Cover letter to the state from the local government transmitting the application. The Designated Agent must sign this HMGP/FMA application letter.
- ☐ Unique project name – i.e. neighborhood name and year of project in title.
- ☐ The project type and the number of structures affected must be clearly identified.

Project Information and Description

- ☐ The Designated Agent (DA) must sign the cover (transmittal) letter that requests HMGP/FMA funds and he or she will be fiscally responsible for the project.
- ☐ Matrix of the history of hazards/damages in the project area and the hazards to be mitigated. Please ensure that we receive a detailed history of damages (**nuisance damage is often mistakenly omitted although this information is often vital in allowing a project to pass a Benefit-Cost Analysis**).
- ☐ Damage details should include loss of function information (lost wages, loss of monthly rental income from tenants, etc) as well as funds spent on such items as clean up supplies and equipment.

Scope of Work / Budget

- ☐ **Detailed, completed** cost summary charts for each structure within the project (acquisition, elevation, relocation). Please include schematic plans, preliminary engineering specifications and costs. These should be attachments. The project's complete budget should be within the main application.
- ☐ Signed maintenance agreement as well as a project milestone with a specified completion date.

Supporting Documents (Please ensure that all lines are **completed** and that all forms are **signed**).

- ☐ **Four/five color photos** of **each** side of the project site (and streetscape if the property is over 50 years old).
- ☐ Focus on the need for frequencies and damage information.
- ☐ Relevant Benefit-Cost Analysis Worksheet.
- ☐ Maps must identify each property site or structure. Required maps include **a)** city, county, or town maps **b)** a copy of the parcel map (Tax Map, Property Identification Map etc.) for each acquisition and elevation project and **c)** a FIRM map for each structure.
- ☐ Project specific supporting documents **a)** Elevation certificates (elevation projects) **b)** Substantial Damage Certificates and **c)** Voluntary Participation Forms (elevations, acquisitions and relocations) and the **d)** VDEM HMGP/FMA Hazardous Materials Individual Property Survey.
- ☐ In the Benefit-Cost Analysis Worksheet, the "elevation of 1st floor above sea level" and the Base Flood Elevation must be filled out. We also require the total square footage, the year of building construction, and the description of any existing accessory or outbuildings.



Virginia Department of Emergency Management Hazard Mitigation /Flood Mitigation Assistance Grant Programs Application

HAZARDOUS MATERIALS INDIVIDUAL PROPERTY SURVEY

NAME OF OWNER(S): 1) _____
2) _____

PROPERTY ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

I (We), _____ as owner(s) of the above referenced property that lies within the jurisdiction of _____ (county/city/town), in the Commonwealth of Virginia represent and certify that I/we have used due diligence to determine, **to the best of my/our knowledge**, that the condition of the property described herein is accurate with respect to the presence or absence of contamination from toxic or hazardous substances. The term "property" refers to the physical piece of legally recorded land that is to be acquired or on which a structure is to be elevated.

1. Is or was the property currently or previously used for governmental, commercial, light industrial, or industrial activities? ☐ Yes ☐ No

If yes, list specific type and nature: _____

2. Are there any Aboveground Storage Tanks (AST) or Underground Storage Tanks (UST) on the property? ☐ Yes ☐ No

If yes, list type of each tank, capacity and condition to include leaking: _____

3. Is there presently or was there any generation, treatment, storage, disposal, release, or spill of petroleum products, solid or hazardous substances and/or wastes (this includes pesticides, herbicides, or rodenticides), other than normal quantities of household substances? ☐ Yes ☐ No

If yes, list type of activity, substance and quantity involved: _____

4. Is there presently or has there been in the past a transportation facility on your property? This includes parking lots, railroad yards, railroad or roadway right-of-way. ☐ Yes ☐ No

If yes, list type of facility or activity: _____

5. Have you noticed any unusual odors or discoloration in your drinking water or surface water (pond, stream, etc.)? ☐ Yes ☐ No

HAZARDOUS MATERIAL PROPERTY SURVEY - PAGE 2

If yes, list the date of the discoloration, location, color, and odor of the water: _____

6. For your property, is there presently or has there been in the past any:

(A) environmental investigations conducted by Federal, State, Local government agencies, or private firms; or

☐ Yes ☐ No

(B) environmental or Occupational Safety and Health Administration (OSHA) citations or notices of violations?

☐ Yes ☐ No

If yes, list the type of investigation or violation and the preparer or the origin of the investigation or violation: _____

7. Are there any drinking water wells or sewage septic tanks/systems on your property?

☐ Yes ☐ No

If yes, list type of facility and location: _____

8. Do any structures contain asbestos or lead-containing material?

☐ Yes

☐ No

☐ Unknown

If yes, please explain: _____

OWNER'S SIGNATURE: _____

DATE: _____

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____

DATE: _____

OWNER'S NAME: _____

PREPARER (if other than owner):

SIGNATURE: _____

DATE: _____

PREPARER'S NAME: _____

PREPARER'S TITLE: _____

HAZARDOUS MATERIAL PROPERTY SURVEY - PAGE 3

COMPLETION GUIDANCE

Follow the given guidance for each question.

1. If YES - Landowner should list known activities and approximate dates. FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. Copies of this survey will be turned over to the entity that will be conducting a Phase I ESA investigation. The responses to the remaining question should aid in the conduct of the Phase I ESA investigation. Proceed with remaining questions.

If NO - Proceed with remaining questions.
2. If YES - Landowner should list each tank, capacity, condition (good, fair, poor, unknown), any evidence of leaks and locations. Landowner should provide information about removal of storage tanks and attach copies of reports on these activities. FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with responsibility for storage tanks to arrange for a records search and possibly a site visit. Certified clean removal of all tanks is required before acquisition of property occurs. Abandoned/inoperable tanks must be certified by appropriate agencies.
Proceed with remaining questions.

If NO - Proceed with remaining questions.
3. If YES - Landowner should provide information about specific knowledge of products beyond normal household amounts. There is a wide range of combinations of activities and substances with some being more serious than others. FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
Proceed with remaining questions.

If NO - Proceed with remaining questions.
4. If YES - Landowner should provide information about specific knowledge of past transportation activities. The current use and location of former parking lots or abandoned roadways should be described. Many historical railroad yards and rights-of-way have been abandoned and reverted back to adjoining landowners. Abandoned parking lots and abandoned road rights-of-way have the potential for contamination from spill or leaks. . FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
Proceed with remaining questions.

If NO - Proceed with remaining questions.

HAZARDOUS MATERIAL PROPERTY SURVEY - PAGE 4

5. If YES - Landowner should list changes to drinking water and surface waters with the date of the change in conditions. FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
Proceed with remaining questions.
- If NO - Proceed with remaining questions.
6. If YES - Landowner should list known investigations or violations. If possible, attach a copy of the investigation and results. FEMA will seek further information from appropriate state or federal agencies or seek technical assistance to determine if the listed use has potential for contamination. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
Proceed with remaining questions.
- If NO - Proceed with remaining questions.
7. If YES - Landowner should list number of wells and/or septic tanks/systems on the property and approximate location of each. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
- If NO - Proceed with remaining question.
8. If YES - Landowner should provide information about specific knowledge of materials/structures containing asbestos and/or lead. Examples are asbestos siding, lead paint, and lead in pump units. Landowner should not speculate. FEMA will determine the need for further assessment or investigation. The entity conducting the investigation will contact the state agency with regulatory authority over a regulated substance or activity will be contacted.
Landowner(s) should print their name(s), sign and date the survey
- If NO - Landowner(s) should print their name(s), sign and date the survey

Other possible issues:

Removal of septic systems and sealing/closure of wells is required and may occur before or after acquisition of residential properties. Appropriate state and federal regulations should be followed for the removal of tanks and septic systems and the closure of wells.

Lead piping and asbestos are likely to be encountered in older structures. In many post-disaster situations, state agencies with waste disposal regulatory responsibility may develop protocols or special procedures for disposal of disaster debris containing hazardous materials or lead and asbestos. No investigation is needed, but contractors should determine what is present in the demolition debris and should follow all appropriate local, state, and federal regulations.



Virginia Department of Emergency Management Hazard Mitigation /Flood Mitigation Assistance Grant Programs Application

PROPERTY OWNER INTEREST QUESTIONNAIRE (For the applicant's use only)

Name: _____ Date: _____

Telephone: () _____ Evening: () _____

Address of damaged property: _____

City/Town/County/Zip: _____

Mailing address of owner(s): _____

City/Town/County/Zip: _____

How interested are you in selling your property or elevating your home?

☐ Very ☐ Somewhat ☐ Not at all ☐ Undecided

In which option(s) are you interested?

☐ Acquisition/
buyout ☐ Elevation ☐ Both ☐ Neither

Do you have questions that were not answered to your satisfaction in the materials provided to you or during the town meeting? Would you like more information on acquisition or elevation? Please use the space below to ask questions. We will make every effort to answer your questions and address your concerns (we will not publicize your name). Use the back of this page, if necessary.

Are there or were there tenants in the structure? ☐ Yes ☐ No

If yes, please list names & current addresses (if known) of tenants in the building at the time of the disaster.

Name

Current Address

Telephone

()

()

()

Please return this form to: _____

Thank you for taking the time to complete this form.

BENEFIT COST ANALYSIS WORKSHEET

I. ACQUISITION, ELEVATION AND RELOCATION PROJECTS

Participation in an acquisition project must be voluntary on the part of the property owner. Prepare a separate worksheet for each individual structure to be acquired. Please use tax card to complete application.

A. Property Owner(s) Information

Name of Owner: _____
Name of Co-owner: _____
Property Address: _____
Address City State Zip Code
Mailing Address: _____
Address City State Zip Code
City/County/Town: _____
Telephone Number: () _____ () _____
Daytime Evening

B. Property Site Information

Building Use: ☐ Owner Occupied ☐ Rental Property ☐ Secondary Home
☐ Business Property ☐ Multi-Family Home ☐ Public Building
☐ House of Worship ☐ Vacant Land ☐ Other _____
Building Type: ☐ 1-Story Home ☐ 2-Story Home ☐ Manufactured Home
☐ Split Level ☐ Apartment Building ☐ Other _____
Foundation Type: ☐ Crawl Space ☐ Unfinished Basement ☐ Finished Basement
☐ Slab on Grade ☐ Elevated on (circle one) Piers, Piles, Post or Column
☐ Other _____
Construction Type: ☐ Wood Frame ☐ Solid Masonry ☐ Other _____
Water Information: ☐ Public Water ☐ Well ☐ Other _____
Sewer Information: ☐ Public Sewer ☐ Septic System
Heating of Home: ☐ Electric ☐ Natural Gas ☐ Oil
☐ Solar ☐ Other _____

Total Square Footage: _____ Year Built: _____

Area Occupied by the owner: _____

Are there underground storage tanks located on the property? ☐ Yes ☐ No

If yes, please explain size and usage _____

Are there any additional structures located on the property to be mitigated?
(including outbuildings, mobile homes, greenhouses, boathouses, etc.) ☐ Yes ☐ No

If yes, what is the value? _____

Are they ☐ Attached ☐ Detached

C. Occupant Information

Did the owner occupy the structure during the disaster? ☐ Yes ☐ No

If yes, are the owners still in the structures? ☐ Yes ☐ No

Was there flood insurance on the property? ☐ Yes ☐ No

Company/Agent: _____ Policy Number: _____

Have you had two or more insured losses of \$1,000 or greater? ☐ Yes ☐ No

BENEFIT COST ANALYSIS WORKSHEET

If the structure is a public or non-profit building, what is the annual budget for the uses contained in the portions of the structure being mitigated? _____. If the structure is a commercial properties, what is the monthly net income? _____

FOR RENTAL PROPERTY ONLY (INCLUDING LAND FOR MOBILE HOMES)

(Name(s) and Social Security Number(s) of all tenants will be needed at closing as well as documentation of occupancy)

1. Did tenants occupy the property at the time of the disaster? ☐ Yes ☐ No

2. Was the property occupied 90 days prior to the disaster? ☐ Yes ☐ No

(Names of tenants at time of disaster)

(Names of current tenants)

3. Is the property currently occupied? ☐ Yes ☐ No

4. If you are a mobile home owner were you renting the lot for your home? ☐ Yes ☐ No

If yes, who is the owner of the lot? _____

5..If rented, what is the monthly rent for the property? _____

D. History of Damages

Please include all damages \$100 or greater for the life of the house, Including lost wages, loss of function, cleanup costs, etc. (Please continue on a separate piece of paper if necessary)

Date of Event	Frequency of Event	Description of Damages	Damage Costs to Structure	Damage Costs to Contents	Duration of Displacement or Loss of Function

BENEFIT COST ANALYSIS WORKSHEET

The County/City/Town certifies that any subsequent acquisition, elevation or relocation of the above property utilizing Hazard Mitigation Grant Program Funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/relocation program undertaken by the County/City/Town and does not imply any obligation by the County/City/Town to acquire/elevate/relocate the above referenced property. The purchase of the referenced property is contingent on the state receiving funding from the Federal Emergency Management Administration (FEMA).

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of providing data collection.

Name _____

Signature _____

SSN _____

Date _____

Name _____

Signature _____

SSN _____

Date _____

For Local Government Use Only (All information must be included to submit the application)

1. Flood Zone Designation (check all zones applicable for the property)

- ☐ A (100-year)
- ☐ B (500-year)
- ☐ C or X (unshaded)
- ☐ Floodway
- ☐ COBRA Zone (Federal regulations strictly limit federal funding for projects in this zone; please coordinate with your state agency before submitting application for a COBRA zone project)
- ☐ Other, please describe: _____

2. Base Flood Elevation _____ Finished First Floor Elevation _____

3. Structure's Assessed Value _____ Land's Assessed Value _____

- ☐ Four color pictures of the house (including front, back, and each side)
- ☐ Pictures of out buildings included
- ☐ Parcel Map (including surrounding roads)
- ☐ FIRM
- ☐ Substantial Damage Determination
- ☐ Voluntary Participation Agreement (VPA)
- ☐ Individual Budget Spreadsheet
- ☐ Elevation Certificate
- ☐ Tax Card
- ☐ DMV certificate of title and/or registration of mobile homes

BENEFIT COST ANALYSIS WORKSHEET

I. ACQUISITION, ELEVATION AND RELOCATION PROJECTS

Participation in an acquisition project must be voluntary on the part of the property owner. Prepare a separate worksheet for each individual structure to be acquired. Please use tax card to complete application.

A. Property Owner(s) Information

Name of Owner: _____
Name of Co-owner: _____
Property Address: _____
Address City State Zip Code
Mailing Address: _____
Address City State Zip Code
City/County/Town: _____
Telephone Number: () _____ () _____
Daytime Evening

B. Property Site Information

Building Use: ☐ Owner Occupied ☐ Rental Property ☐ Secondary Home
☐ Business Property ☐ Multi-Family Home ☐ Public Building
☐ House of Worship ☐ Vacant Land ☐ Other _____
Building Type: ☐ 1-Story Home ☐ 2-Story Home ☐ Manufactured Home
☐ Split Level ☐ Apartment Building ☐ Other _____
Foundation Type: ☐ Crawl Space ☐ Unfinished Basement ☐ Finished Basement
☐ Slab on Grade ☐ Elevated on (circle one) Piers, Piles, Post or Column
☐ Other _____
Construction Type: ☐ Wood Frame ☐ Solid Masonry ☐ Other _____
Water Information: ☐ Public Water ☐ Well ☐ Other _____
Sewer Information: ☐ Public Sewer ☐ Septic System
Heating of Home: ☐ Electric ☐ Natural Gas ☐ Oil
☐ Solar ☐ Other _____

Total Square Footage: _____ Year Built: _____

Are there underground storage tanks located on the property? ☐ Yes ☐ No
If yes, please explain size and usage _____

Are there any additional structures located on the property?
(including outbuildings, mobile homes, greenhouses, boathouses, etc.) ☐ Yes ☐ No
If yes, what is the value? _____
Are they ☐ Attached ☐ Detached

C. Occupant Information

Did the owner occupy the structure during the disaster? ☐ Yes ☐ No
If yes, are the owners still in the structures? ☐ Yes ☐ No
Was there flood insurance on the property? ☐ Yes ☐ No
Company/Agent: _____ Policy Number: _____
Have you had two or more insured losses of \$1,000 or greater? ☐ Yes ☐ No

BENEFIT COST ANALYSIS WORKSHEET

FOR RENTAL PROPERTY ONLY (INCLUDING LAND FOR MOBILE HOMES)

(Name(s) and Social Security Number(s) of all tenants will be needed at closing as well as documentation of occupancy)

1. Did tenants occupy the property at the time of the disaster? ☐ Yes ☐ No

2. Was the property occupied 90 days prior to the disaster? ☐ Yes ☐ No

(Names of tenants at time of disaster)

(Names of current tenants)

3. Is the property currently occupied? ☐ Yes ☐ No

4. If you are a mobile home owner were you renting the lot for your home? ☐ Yes ☐ No
If yes, who is the owner of the lot? _____

D. History of Damages

Please include all damages \$100 or greater for the life of the house, Including lost wages, loss of function, cleanup costs, etc. (Please continue on a separate piece of paper if necessary)

Date of Event	Type of Event (Major, medium, or minor – including nuisance flooding)	Amount of Water in the House	Damage Costs to Structure	Damage Costs to Contents

The County/City/Town certifies that any subsequent acquisition, elevation or relocation of the above property utilizing Hazard Mitigation Grant Program Funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/relocation program undertaken by the County/City/Town and does not imply any obligation by the County/City/Town to acquire/elevate/relocate the above referenced property. The purchase of the referenced property is contingent on the state receiving funding from the Federal Emergency Management Administration (FEMA).

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of providing data collection.

Name _____

Signature _____

SSN _____

Date _____

Name _____

Signature _____

SSN _____

Date _____

BENEFIT COST ANALYSIS WORKSHEET

For Local Government Use Only (All information must be included to submit the application)

1. Flood Zone Designation (check all zones applicable for the property)

- ☐ A (100-year)
- ☐ B (500-year)
- ☐ C or X (unshaded)
- ☐ Floodway
- ☐ COBRA Zone (Federal regulations strictly limit federal funding for projects in this zone; please coordinate with your state agency before submitting application for a COBRA zone project)
- ☐ Other, please describe: _____

2. Base Flood Elevation _____ Finished First Floor Elevation _____

3. Structure's Assessed Value _____ Land's Assessed Value _____

- ☐ Four color pictures of the house (including front, back, and each side)
- ☐ Pictures of out buildings included
- ☐ Parcel Map (including surrounding roads)
- ☐ FIRM
- ☐ Substantial Damage Determination
- ☐ Voluntary Participation Agreement (VPA)
- ☐ Individual Budget Spreadsheet
- ☐ Elevation Certificate
- ☐ Tax Card
- ☐ DMV certificate of title and/or registration of mobile homes

BENEFIT COST ANALYSIS WORKSHEET

II. CRITICAL PUBLIC FACILITY PROJECTS

(e.g. Pump/Lift Stations, Generator Quick Connects, Manhole, Dikes, or Critical Public Infrastructure)

A. Property Information

Name of Owner: _____
Property Address: _____
Mailing Address: _____
City/County/Town: _____
Telephone Number: _____
Latitude and Longitude Coordinates: _____

B. Site Information

Building Type: ☐ Emergency Operations Center ☐ Pumping Facility ☐ Shelter
☐ EMS, Fire, or Public Safety ☐ Lift Station ☐ Other _____
Total Square Footage: _____ Year Built: _____
Base Flood Elevation: _____ Finished First Floor Elevation: _____
Replacement cost of facility and/or equipment (attach a breakdown): _____

C. Operations

Number of occupants for daily operation: _____ Number of occupants for emergency operation: _____
Budget for facility daily operation: _____ Budget for emergency operation: _____
Services Provided: _____
Number of citizens serviced by this structure: _____ Number of businesses serviced by this structure: _____
Loss of equipment: \$ _____ Other losses (please describe): \$ _____
Daily amount of water/sewer processed by the facility: _____ gallons

Loss of function for roads and bridges:

Estimated number of one-way traffic trips per day _____
Estimated delay (detour) time per one-way trip (hours) _____ **Provide a map showing the alternate route**

Loss of function for utilities:

Type of service provided _____ Number of people without service _____

D. History of Damages

Please include all damages \$100 or greater for the life of the property. (Please continue on a separate piece of paper if necessary)

Date of Event	Level and Type of Event (i.e. 10 year, 25 year, 100 year flood)	Number of Days/Hours with Loss of Service	Damage Costs to Structure	Damage Costs to Contents

BENEFIT COST ANALYSIS WORKSHEET

I. WIND RETROFIT PROJECTS,

Prepare a separate worksheet for each individual structure to be acquired. Please use tax card to complete application.

A. Property Owner(s) Information

Name of Owner: _____
Name of Co-owner: _____
Property Address: _____
Mailing Address: _____
City/County/Town: _____
Telephone Number: () _____ () _____
Daytime Evening

B. Property Site Information

Building Use: ☐ Owner Occupied ☐ Rental Property ☐ Secondary Home
☐ Business Property ☐ Multi-Family Home ☐ Public Building
☐ House of Worship ☐ Vacant Land ☐ Other _____
Building Type: ☐ Non-Engineered Wood ☐ Non-Engineered, Masonry ☐ Manufactured Home
☐ Lightly Engineered ☐ Fully Engineered ☐ Other _____
Water Information: ☐ Public Water ☐ Well ☐ Other _____
Sewer Information: ☐ Public Sewer ☐ Septic System
Heating of Home: ☐ Electric ☐ Natural Gas ☐ Oil
☐ Solar ☐ Other _____

Total Square Footage: _____ Year Built: _____

Area Occupied by the owner: _____

What is the nearest distance from this property to the coastline? _____

Are there any additional structures located on the property to be mitigated?

(including outbuildings, mobile homes, greenhouses, boathouses, etc.)

☐ Yes

☐ No

If yes, what is the value? _____

Are they ☐ Attached ☐ Detached

C. Occupant/Use Information

Did the owner occupy the structure during the disaster? ☐ Yes ☐ No
If yes, are the owners still in the structures? ☐ Yes ☐ No

If the structure is a public or non-profit building, what is the annual budget for the uses contained in the portions of the structure being mitigated? _____. If the structure is a commercial properties, what is the monthly net income? _____

Will this structure be used as a community shelter? ☐ Yes ☐ No

If yes, what is the shelter occupancy? _____ What is the shelter area? _____

BENEFIT COST ANALYSIS WORKSHEET

FOR RENTAL PROPERTY ONLY (INCLUDING LAND FOR MOBILE HOMES)

(Name(s) and Social Security Number(s) of all tenants will be needed at closing as well as documentation of occupancy)

1. Did tenants occupy the property at the time of the disaster? ☐ Yes ☐ No

2. Was the property occupied 90 days prior to the disaster? ☐ Yes ☐ No

(Names of tenants at time of disaster)

(Names of current tenants)

3. Is the property currently occupied? ☐ Yes ☐ No

4. If you are a mobile home owner were you renting the lot for your home? ☐ Yes ☐ No
If yes, who is the owner of the lot? _____

5. If rented, what is the monthly rent for the property? _____

D. History of Damages

Please include all damages \$100 or greater for the life of the house, Including lost wages, loss of function, cleanup costs, etc. (Please continue on a separate piece of paper if necessary)

Date of Event	Frequency of Event	Description of Damages	Damage Costs to Structure	Damage Costs to Contents	Duration of Displacement or Loss of Function

The County/City/Town certifies that any subsequent acquisition, elevation or relocation of the above property utilizing Hazard Mitigation Grant Program Funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/relocation program undertaken by the County/City/Town and does not imply any obligation by the County/City/Town to acquire/elevate/relocate the above referenced property. The purchase of the referenced property is contingent on the state receiving funding from the Federal Emergency Management Administration (FEMA).

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of providing data collection.

Name _____

Signature _____

SSN _____

Name _____

Signature _____

SSN _____

BENEFIT COST ANALYSIS WORKSHEET

Date _____

Date _____

For Local Government Use Only (All information must be included to submit the application)

1. Flood Zone Designation (check all zones applicable for the property)

- ☐ A (100-year)
- ☐ B (500-year)
- ☐ C or X (unshaded)
- ☐ Floodway
- ☐ COBRA Zone (Federal regulations strictly limit federal funding for projects in this zone; please coordinate with your state agency before submitting application for a COBRA zone project)
- ☐ Other, please describe: _____

2. Structure's Assessed Value _____ Land's Assessed Value _____

- ☐ Four color pictures of the house (including front, back, and each side)
- ☐ Pictures of out buildings included
- ☐ Parcel Map (including surrounding roads)
- ☐ FIRM
- ☐ Substantial Damage Determination
- ☐ Voluntary Participation Agreement (VPA)
- ☐ Individual Budget Spreadsheet
- ☐ Tax Card
- ☐ DMV certificate of title and/or registration of mobile homes



Virginia Department of Emergency Management Hazard Mitigation /Flood Mitigation Assistance Grant Programs Application

FEMA-____-DR-_____
FMA FY _____

THIS SECTION FOR STATE USE ONLY
☐ Standard, ☐ 5% Initiative or ☐ 7% Planning

OR

- ☐ Initial Submission or ☐ Resubmission
☐ Conforms with State 409 Plan
☐ In Declared Area
☐ Statewide

Eligible Applicant

- ☐ State or Local Government
☐ Private Non-Profit (Tax ID Received)
☐ Recognized Indian Tribe or Tribal Organization

Project Type(s)

- ☐ Wind ☐ Flood
☐ Seismic
☐ Other _____

Community NFIP Status: ☐ Participating Community ID #: _____ ☐ In Good Standing ☐ Non-Participating ☐ CRS
(Check all that apply)

State Application ID _____

Date Application Received _____

State Reviewer _____
(Print Name)

Signed _____ Date _____

Reviewer Phone # _____

Reviewer Fax # _____

Reviewer Email: _____

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation and Flood Mitigation Assistance Grant Program proposals. Please complete ALL sections and provide the requested documents. If you require technical assistance with this application, please contact your State Emergency Management Division at (804) 897-6500.

Applicant Information

1. Title / Brief Project Descriptive Summary _____

2. Applicant (Organization) _____

3. Applicant Type

- ☐ State or Local Government ☐ Special District/Public Utilities/Commissions
☐ Recognized Indian Tribe ☐ Private Non-Profit Organizations

4. County / Counties _____

5. State Legislative District(s) _____ Congressional District(s) _____

6. Tax I.D. Number _____ FIPS Code (if known) _____

7. Primary Point of Contact

☐ Ms. ☐ Mr. ☐ Mrs. First Name _____ Last Name _____

Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email Address _____

8. Alternate Contact:

☐ Ms. ☐ Mr. ☐ Mrs. First Name _____ Last Name _____

Title _____ Telephone _____ Fax _____

9. Designated Agent

☐ Ms. ☐ Mr. ☐ Mrs. First Name _____ Last Name _____

Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email Address _____

Signature _____ Date _____

NOTE: If your project is found eligible and approved for funding, work must begin within 90 days of the obligation of funds.

I. History of Hazards / Damages in the Area to be Protected

Describe all past damages from hazardous events (include name of storms if applicable) in the project area. Include Presidentially declared disasters as well as events that did not result in a Presidential declaration (including nuisance flooding). Provide a detailed past history of damages in the area, including direct and indirect costs. Include information for as many past incidents as possible. Attach any supporting documents. Direct costs should include damages to structures and infrastructure in the project area as a result of the hazard. Indirect costs should include the cost to the local government to respond to victims of the hazard in the project area, any interruption to local businesses, and losses of public services. If available, please provide water depth in the project area during the hazard events.

Note: For Acquisitions and Elevations omit the following section and use the Individual Property Worksheets.

Date of Event	Level and Type of Event (i.e. 1 year, 10 year, 25 year, 100 year)	Location	Direct Damage Costs	Indirect Damage Costs

II. Project Description

A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate:
☐ Flood ☐ Wind ☐ Seismic ☐ Other (list) _____
2. Fill in the level of protection and the magnitude of event the proposed project will mitigate.

3. Provide an estimate of the dollar amount of damages that would be prevented as a direct result of the proposed project. Where possible, this should be detailed by type of expenditure (repair, loss of services, loss of rental income, etc.). Provide justification to support this estimate. Use additional paper if necessary.

4. Has this project been submitted to any other agency as a possible source of funding?
☐ No ☐ Yes, to _____

B. Project Description/Protection Provided

Describe, in detail, the proposed project. Explain how the project will reduce the potential for future damages and address a repetitive problem or one that poses a significant risk to public health and safety. Also, explain how the proposed project will solve the problem(s) and provide the level(s) of protection described in Section A.

III. Project Location

A. Site

1. **Physical Location**

Describe the area and/or population affected/protected by this project, include the location (street numbers or neighborhoods) and zip codes.

2. **Population Affected** (Number of people affected by the project)

_____ residential property
_____ businesses / commercial property
_____ public buildings
_____ schools / hospitals / houses of worship

B. Flood Insurance Rate Map (FIRM) showing project site

Attach a copy of the panel(s) from the FIRM, and, if available, the Floodway Map, with the project site and structures marked on the map (FIRMs are typically available from your local floodplain administrator who may be located in the planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-877-FEMA MAP. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Webpage at <http://www.fema.gov/mit/tsd/tsdindex.htm>).

Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area).

- ☐ VE or V 1-30
- ☐ AE or A 1-30
- ☐ AO or AH
- ☐ A (no base flood elevation given)
- ☐ B or X (shaded)
- ☐ C or X (unshaded)
- ☐ Floodway
- ☐ Coastal Barrier Resource Act (CBRA) Zone
(Federal regulations strictly limit federal funding for projects in this zone; please coordinate with your state agency before submitting an application for a CBRA Zone project)
- ☐ **If the FIRM Map for your area is not published**, please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures marked on the map

C. City or County Map with project site and photographs

- ☐ Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- ☐ USGS 1:24,000 topo map with project site marked on the map.
- ☐ For **acquisition** or **elevation** projects, include a copy of the Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired. This map should include the Tax ID numbers for each parcel, if available.
- ☐ Attach photographs (2 copies each) for each project site. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas which affect the project site or will be affected by the project.

D. Substantially Damaged Properties (SDP)

- ☐ Attach SDP Form
Identify stream or river that is flooding _____

IV. Project Scope of Work /Budget

In this section, provide the details of all costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. As project administrative costs are calculated on a sliding scale, **do not** include this in the budget. **Do not** include contingency costs in the budget.

A. Acquisition Project: (summary of all properties)

ACTIVITY	NUMBER	COST	TOTAL COST
Acquisition		per unit	
Certified Real Estate Appraisal		per unit	
Appraisal Review		per unit	
Disconnect Utilities		per unit	
Property Survey		per unit	
Title Search, Deed Preparation, Attorney Feed		per unit	
Attorney Cost for Conservation Easement / Deed		per unit	
Installation of Erosion Controls		per unit	
Demolition		per unit	
Debris Transportation (included in demolition)		per unit	
Landfill Fee		per unit	
Grading		per unit	
Restabilization		per unit	
Erosion Control Plan Review and Inspection		per unit	
Permits and Plan Review Costs		per unit	
Uniform Relocation Assistance (URA)		per unit	
Bid Documents / Contract Management / Inspections		per unit	
TOTAL ACQUISITION COSTS			

B. Elevation Project: (summary of all properties in Appendix A)

ACTIVITY	NUMBER	COST	TOTAL COST
Elevate Structure		per unit	
Utility Work - Plumbing, Water, Electric		per unit	
Construct New Building Foundation		per unit	
Title Search		per unit	
Surveying		per unit	
Restabilization of Site		per unit	
Demolish Old Building Foundation		per unit	
Cost of Transporting Debris		per unit	
Install Erosion Controls, Grade Property		per unit	
Agreement Preparation, Attorney Costs		per unit	
Temporary Family Relocation		per unit	
County Permit/Plan Review & Inspection Costs		per unit	
Other (please list)		per unit	
TOTAL ELEVATION COSTS			

IV. Project Scope of Work /Budget (continued)

C. Relocation Project: (summary of all properties in Appendix A)

ACTIVITY	NUMBER	COST	TOTAL COST
Excavate for New Foundation		per unit	
Construct New Foundation		per unit	
Construct Access & Driveway to New Location		per unit	
Move Building		per unit	
Demolish Old Building Foundation		per unit	
Utility Work: Plumbing, Water, Electrical		per unit	
Cost of Transporting Debris		per unit	
Grading of Property		per unit	
Restabilization of Site		per unit	
Surveying		per unit	
Title Search & Deed Preparation		per unit	
Closing/Attorney Costs		per unit	
Landfill Processing Costs		per unit	
County Permit/Plan Review and Inspection Costs		per unit	
Other (please list)		per unit	
TOTAL RELOCATION COSTS			

D. Other Project Activity

ACTIVITY	NUMBER	COST	TOTAL COST
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
		per unit	
TOTAL COSTS			

IV. Project Scope of Work /Budget (continued)

E. Funding Sources: (round to the nearest dollar)

The maximum FEMA share for HMGP and FMA projects is 75%. The other 25% can be made up of State and Local funds as well as in-kind services. HMGP funds may be packaged with other Federal funds, but other Federal funds (except for Federal funds which lose their Federal identity at the State level – such as CDBG, ARS, and HOME) may not be used for the State or Local match.

Estimated FEMA Share \$ _____ % of Total

Non-Federal Share

Estimated State Share \$ _____ % of Total

Estimated Local Share (Include In-Kind Value) \$ _____ % of Total

Other Agency Share \$ _____ % of Total

Identify Other Non-Federal Agency _____

Other Non-FEMA Federal Funds \$ _____ Do Not Include In Total

Identify Other Federal Agency _____

F. Project Milestones: List the major milestones in this project

ACTIVITY	DAYS TO COMPLETE
(For example: Demolition of 6 structures and removal of debris)	90 days
TOTAL DAYS TO COMPLETE THIS PROJECT	

V. Alternative Actions

This application cannot be processed if this section is incomplete. List **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

A. No Action Alternative

Discuss the impacts on the project area if no action is taken.

B. Other Feasible Alternative

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Please include scope of work, engineering details (if applicable), estimated budget and the impacts of this alternative.

1. Project Description

Describe, in detail, the proposed project. Also, explain how the proposed project will solve the problem(s)/ provide protection from the hazard(s).

2. Scope of Work

3. Impacts of Alternative Project

Discuss the impact of this alternative on the project area. Include comments on these issues: Environmental Justice; Endangered Species; Wetlands; Hydrology (Upstream and Downstream Impacts); Floodplain/ Floodway; Historic Issues; Hazardous Materials.

C. Reason for rejecting the “No Action Alternative” and “Other Feasible Alternative” (e.g. FEMA will not fund an elevation in the floodway.)

VI. Federal Act Compliance (NEPA/Historical Issues)

A. Environmental/Historical Information

1. Environmental Issues

Please check all that describe your project site:

- | | |
|--|--|
| <input type="checkbox"/> Tidal waters | <input type="checkbox"/> River |
| <input type="checkbox"/> Tidal wetlands | <input type="checkbox"/> Lake or pond |
| <input type="checkbox"/> Non-tidal waters | <input type="checkbox"/> Mudflats |
| <input type="checkbox"/> Non-tidal wetlands | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> 100 year floodplain | |

Will the project impact (flood, drain, excavate, dredge, fill, shade, etc.) wetlands?

- ☐ Yes ☐ No ☐ Unknown

Are you aware of any hazardous materials or substances located on the site of the project? Attach copy of Hazardous Material Survey Form completed and signed by the property owner.

- ☐ Yes ☐ No ☐ Unknown

If "Yes", describe the suspected hazardous material in a separate attachment.

2. Historical Issues

Please check all that describe your project site:

- | | |
|---|---|
| <input type="checkbox"/> Fifty years or older | <input type="checkbox"/> Near a historic property |
| <input type="checkbox"/> Located in a historic district | <input type="checkbox"/> Near a historic district |
| <input type="checkbox"/> On the National Register | <input type="checkbox"/> Property/neighborhood reviewed for National Register Listing |

3. Project Compliance Assurances

National Flood Insurance Program (NFIP)

The project is located in _____, Virginia, a participant in NFIP in good standing.

The project is located in zones _____, a non-surveyed 100-year floodplain, on panel # _____ in _____ (county/city/town) VA.

Environmental Justice

Will the project have any adverse affects on the low to moderate income population?

- ☐ Yes ☐ No

Will the project have any adverse effects on a minority population?

- ☐ Yes ☐ No

4. Was a public meeting held?

Please describe the public participation process including public review of mitigation options.

- ☐ Yes ☐ No

B. Environmental/Historical Review

The following list of State and Federal Agencies is supplied for your convenience as a source of reviewing agencies. If you can obtain documentation from local or regional offices of these agencies, please include supporting documents, including request for review letter, with your application. If you cannot obtain the documentation, the State Hazard Mitigation Officer will coordinate the review of the application by state and federal environmental and historic agencies prior to sending the application to FEMA. ALL SIGNED AGENCY REVIEW LETTERS MUST BE RECEIVED BY FEMA PRIOR TO YOUR APPLICATION BEING APPROVED.

Environmental (Wetlands, endangered species, air and water quality)

1. U. S. Army Corps of Engineers (floodplain and wetland issues)
2. Virginia Department of Conservation and Recreation (DCR)
3. Virginia Department of Environmental Quality (DEQ)
4. Virginia Department of Game and Inland Fisheries
5. Virginia Department of Agriculture and Consumer Services
6. United States Department of Agriculture (Endangers plants and insects)
7. United State Fish and Wildlife Service (Federally listed endangered species)
8. Local Planning Commission (impact of project to low-income or minority people)

Historical

1. Advisory Council on Historic Preservation, Washington, D.C.
2. Virginia Department of Historic Resources

VII. Processing Procedures

Concurrent Processing - When your application is received by the state, an application number is assigned. This number will be used when referring to your project. Copies of the application will be forwarded to all regulatory and advisory agencies by the state. Because of differences in jurisdiction and laws, these agencies will perform separate but concurrent reviews of your project.

Site Inspections - Site inspections are necessary to evaluate proposals before, during, and after a project is approved. Failure to allow an authorized representative to enter or to take photographs of conditions at the project site may result in project denial.

Public Notice and Public Hearings - The affected state and local agencies will follow their individual regulations for advertising the project which may require publication in local newspapers. Comments received pursuant to a public notice are considered by each agency in reaching their decisions. Comments must be made in writing and received by the close of the comment period specified in the public notice. Public hearings may be held by local, state or federal agencies. The purpose of a federal public hearing is to acquire information that is pertinent to the decision-making process and cannot be obtained through other means. Few projects require a public hearing. When a hearing is necessary, a decision on the project will not be made at the hearing.

Finalization of Process - If the project is acceptable by the Regulatory and Advisory Agencies, FEMA will notify the Virginia Department of Emergency Services. Approval from the state must be received in writing before any work can begin. Failure to receive pre-approval may forfeit project funding. If the project is denied, the reasons for denial will be provided in writing.

VIII. Federal Penalties for Violations

U.S. ARMY CORPS OF ENGINEERS, Section 10 of the Rivers and Harbors Act of March 1899 (33 U.S.C. 401, 403, & 404) - Penalties as provided by Section 12 of the Act (33 U.S.C. 406) are not less than \$500 or more than \$2,500 or more than \$2,500 or 1 year imprisonment or both.

U.S. ARMY CORPS OF ENGINEERS & U. S. ENVIRONMENTAL PROTECTION AGENCY (EPA), Section 404 of the Clean Water Act (33 U.S.C. 1251, et sec.) - Criminal penalties are not less than \$2,500 per day or more than \$25,000 per day or up to 1 year imprisonment or both: after the first violation (conviction) not more than \$50,000 per day or up to 2 years imprisonment or both. Civil penalties may be as much as \$25,000 for each day of violation. False Statements - Falsifying information in the application may result in a maximum fine of \$20,000 or up to 6 months imprisonment or both. EPA has the authority to assess administrative penalties up to \$125,000 for violations of Section 404 of the Clean Water Act.

IX. Related Commonwealth of Virginia Codes

Virginia Department Of Emergency Services - Title 44, Code of VA Section 146.22 authorizes the development of measures to prevent or reduce harmful consequences of disasters. Section 146.27. Authorizes acceptance of federal funds and the supplementation of federal funds by state and local governments.

Virginia Marine Resources Commission - Title 28.2, Code of Virginia Chapter 12 - Submerged Lands, Chapter 13 – Wetlands, and Chapter 14 - Coastal Primary Sand Dunes & Beaches. For violations under each Chapter, the Commission or local Wetlands Board may assess civil charges up to \$10,000. Civil penalties, up to \$25,000 for each day of the violation, may be assessed by an appropriate circuit court.

Virginia Department Of Environmental Quality - Chapter 3.1 Section 62.1-44 may assess civil penalties of up to \$25,000 per day. Willful or negligent violations are punishable by not more than 12 months in jail and a fine of not less than \$2,500 or more than \$25,000. Persons convicted of a felony under this section are punishable by not less than 1 year nor more than three years in jail and fines not less than \$5,000 nor more than \$50,000. Should the felony involve imminent danger of death or serious bodily harm, it is punishable by not less than 2 years or more than 15 years in prison and a fine of not less than \$250,000.

X. Project Compliance Assurances

A. Code Compliance

Will the project meet all applicable codes and standards for the project locale, i.e., construction or building, public notification, etc.?

☐ Yes

☐ No

If Yes, please list the type and date of applicable codes. If the answer is No, explain why the project requires an exemption or variance from one or more codes.

B. Regulatory Compliance

Will the project comply with all Federal, State and Local laws and regulations including but not limited to the following:

Applicable Health Codes
Water and Air Quality
Wetland Management
Floodplain Management
Other Regulatory Requirements

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ No

☐ No

☐ No

☐ No

☐ No

C. Permits and Permission for Work

List any permits applied for, or granted, in relationship to this project.

XI. Substitution List

The Period of Availability is the timeframe in which applications can be submitted against a funding source. All potential substitutions must be identified during this time. Potential substitutions can be additional properties or projects that can be included within this project. For example, if you are proposing to acquire 4 homes, any additional potential acquisitions can be within this list in the case that one of the original 4 homes drops out of the project. If no substitutions were identified, the funds from the dropped home would be lost.

Please list any potential substitutions (this list can be as long as you like). If these substitutions are needed, we will request that you retrieve the additional data (such as the property information sheet, voluntary participation form, etc.) at that time.

1. Project Description

2. Please complete the spreadsheet

Name	Address	Latitude	Longitude

XII. Maintenance Agreement

All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, equipment, structures, or facilities, must first sign the following agreement prior to submitting their application to FEMA.

(NOTE: those applicants whose project only involves the retrofitting, elevation, or other modification to private property where the ownership will remain private after the project completion, DO NOT have to complete this form.)

Are there any long term maintenance requirements following project completion?

☐ Yes

☐ No

If Yes, please describe. (Indicate the maintenance schedule to be performed by the applicant throughout the life of the project)

The _____ of _____, State of Virginia, hereby agrees that if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the routine maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth; and equipment maintenance.

The purpose of this agreement is to make clear the Subgrantee's maintenance responsibilities following project award and to show the Subgrantee's acceptance of these responsibilities. It does not replace, supersede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by _____ the duly authorized
(printed or typed name of signing official)

_____ of _____,
(title) (name of applicant)

this _____ (day) of _____ (month), _____ (year).

Signature _____



Virginia Department of Emergency Management Hazard Mitigation/Flood Mitigation Assistance Grant Programs Application

VOLUNTARY PARTICIPATION AGREEMENT For Property Owners

Project Applicant: _____ Property Owner(s): _____
(Government Agency)

1. I/We, _____, am/are the owner(s) of the property located at _____
(Street address, city, zip)
2. I/We have been notified by _____(city, county, or town) that my/our property may be included in a proposed hazard mitigation project.
3. I/We have been notified that the jurisdiction may wish to (**initial all which apply**):
_____ **purchase**; _____ **elevate**; the above property. If I/we agree to sell, it will be necessary for me/us to move permanently from the property. Elevation of the structure will require temporary displacement from the structure.
4. I/We acknowledged I/we understand that I/we will not be required to sell the above property to the above jurisdiction, and that the jurisdiction will not use the right of eminent domain to obtain the property in the event I/we do not wish to sell it. I/We understand that this means that I/we do not have to sell the property to the jurisdiction.
5. Since the Hazard Mitigation and Flood Mitigation Assistance Grant Programs are voluntary, property owners are not entitled to the relocation benefits provided by the federal Uniform Relocation Assistance and Real Property Acquisition Policies Act. I/we will not make claim for any such benefits.
6. The project applicant (jurisdiction) stipulates and agrees that:
 - a) it understands this program is voluntary for the property owners and the right of eminent domain cannot be used to obtain the property; and
 - b) the property identified above is not a part of non-HMGP/FMA acquisition project where all or substantially all of the property within the area is to be acquired within specific time limits.

This agreement shall expire on _____, unless the property has been acquired by that date.

Signed _____

Property Owner(s)

_____ Date

Signed _____

Property Owner(s)

_____ Date

Signed _____

City/County/Town Representative – Print name and title

_____ Date

FMA, HMGP, and PDM Non-Planning Project Ranking Worksheet

Number	Community	Project Title	Quality of Application	New Plan or Plan Update	Active Plan Implementation of Current Plan	Hazard Density of Population Served by Plan	Application Indicates Active Post-Completion Plan Maintenance	Expert Review Ranking	Expert Ranking Score	Total Points
Category value (points):			0-10 points	0 - Neither; 5 - Time Required Update; 10 - New	0 - No Implementation; 5 - Minimal Implementation; 10 - Moderate or More Implementation	1 - Low; 5 - Medium; 10 - High	0 - None Indicated; 5 - Indicated but not detailed; 10 - Detailed Plan	1 - Number of projects	0-50 points*	100 max
1			0	0	0	0	0		0	
2			0	0	0	0	0		0	
3			0	0	0	0	0		0	
4			0	0	0	0	0		0	
5			0	0	0	0	0		0	
6			0	0	0	0	0		0	
7			0	0	0	0	0		0	
8			0	0	0	0	0		0	
9			0	0	0	0	0		0	
10			0	0	0	0	0		0	
11			0	0	0	0	0		0	
12			0	0	0	0	0		0	
13			0	0	0	0	0		0	
14			0	0	0	0	0		0	